

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J. H.		11/16/99
O.I.P.E. CLASSIFIER	DW	32	11/16/99
FORMALITY REVIEW	BH	60245	12/21/99

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	0	0	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	0	0	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	0	0	
14	0	0	
15	0	0	
16	0	0	
17	0	0	
18	0	0	
19	0	0	
20	0	0	
21	0	0	
22	✓	✓	
23	0	0	
24	0	0	
25	0	0	
26	✓	✓	
27	✓	✓	
28	✓	✓	
29	✓	✓	
30	✓	✓	
31	0	0	
32	✓	✓	
33	✓	✓	
34	✓	✓	
35	0	0	
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